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## BIB DATA SHEET

CONFIRMATION NO. 1883

<b>SERIAL NUMBER</b> 10/718,566	<b>FILING or 371(c) DATE</b> 11/24/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 118445-00105		
<b>APPLICANTS</b> John D. Bixler, Johnstown, PA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/428,259 11/22/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 02/23/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/RAJIV J RAJ/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWINGS</b> 30	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> BLANK ROME LLP 600 NEW HAMPSHIRE AVENUE, N.W. WASHINGTON, DC 20037 UNITED STATES						
<b>TITLE</b> Autism treatment system and method						
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			